Health Department Annual Report 1989

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Regina

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City of Regina Health Department
1910 McIntyre Street, Regina, Saskatchewan S4P 2R3
Branch Office: 204 Wascana Street
(306) 777-6600

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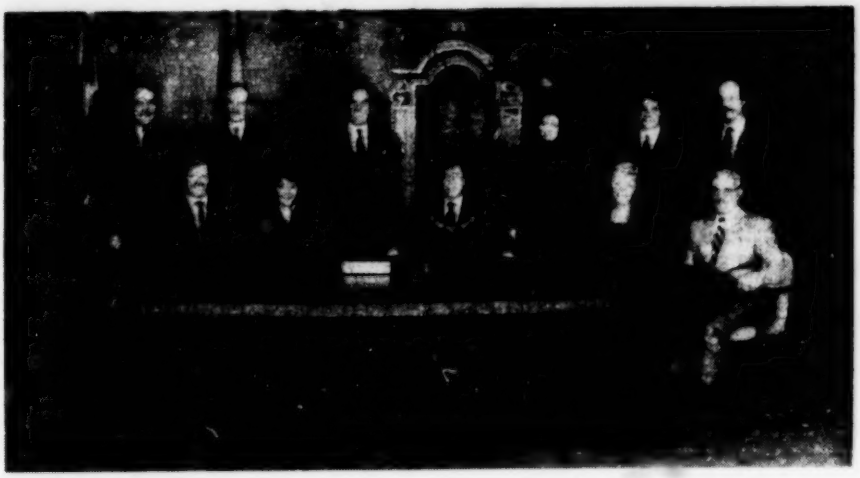
Regina City Council



Standing (L to R): T. Cholod, R. Langgard, J. Lipp, D. Hincks, D. Young, W. Wells.

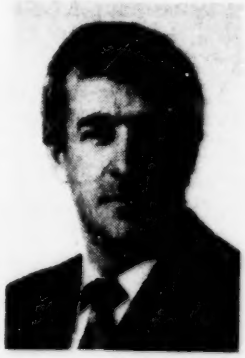
Seated (L to R): W. Gray, D. Hamilton, His Worship D. Archer, G. Helmsing, J. McKeown.

Board of Health[1]

Councillor D. E. Hamilton, Chairperson
Councillor D. Young, Vice-Chairperson
Councillor G. Helmsing
Councillor W. A. Wells
Councillor J. McKeown
His Worship Mayor D. Archer, Ex-officio

[1]The Community Services Committee is comprised of the same members.

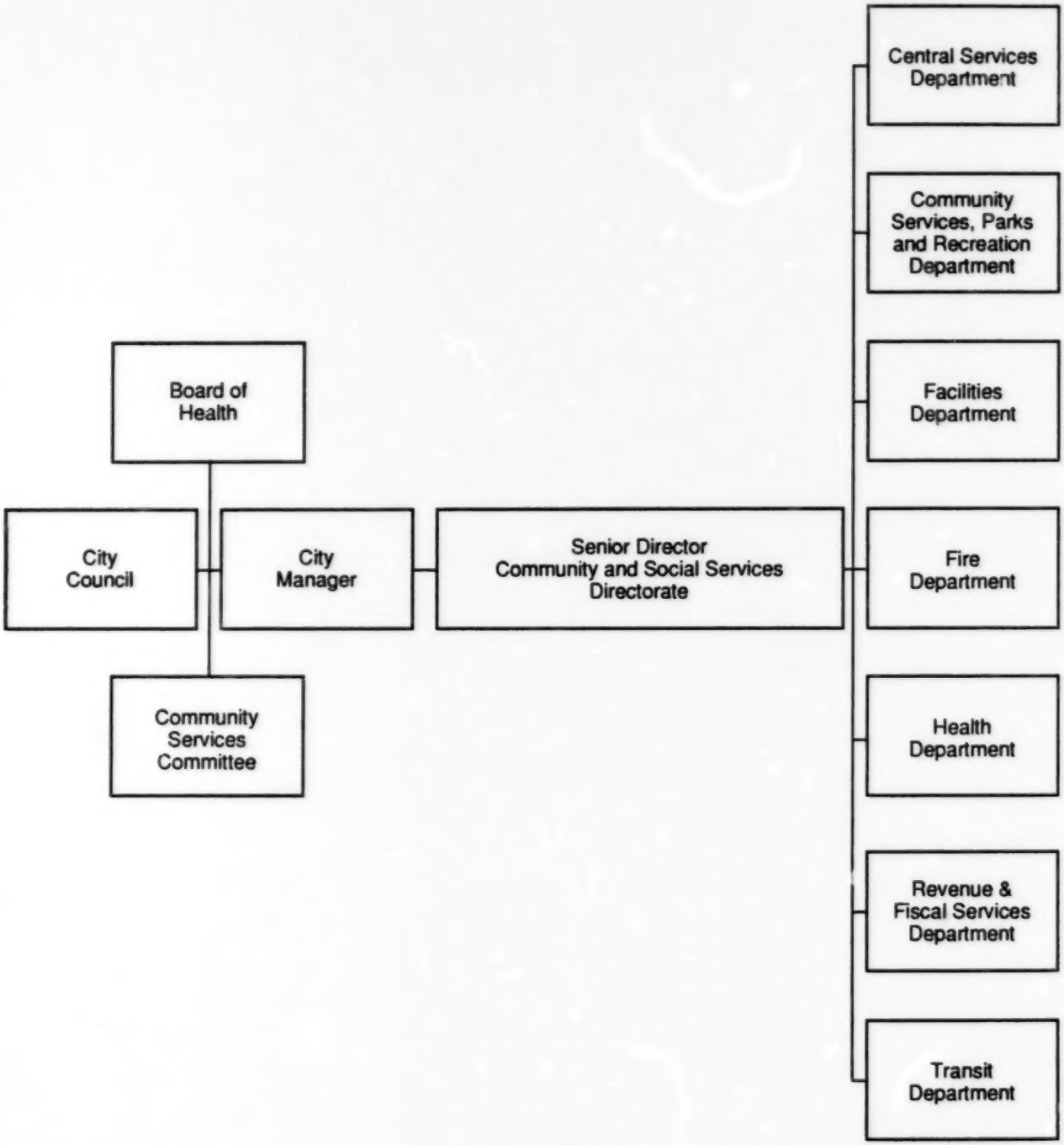
Senior Administration



Left: R. Linner, City Manager

Right: J. Spencer, Senior Director, Community and Social Services Directorate

Community and Social Services Directorate



Management Team of the Health Department

MEDICAL HEALTH OFFICER
Patricia A. Hutchison, M.D., F.R.C.P. (C)

A/ASSISTANT MEDICAL HEALTH OFFICER
Dorothy Pitula-Grocott, M.D., F.R.C.P.(C)

HEALTH EDUCATOR
Health Education Division
Lynn Greaves, B.A., Dip.Ed.

Lifestyles Promotion • Educational materials • Promotional events • Program development • Conference Coordinator • Media Relations • Quit for Good Program

ADMINISTRATIVE SERVICES COORDINATOR
Administrative Services Division
Carol Lewis

Support Services • Budget and Personnel • Clerical Division • Coordination • Property Management • City Central Liaison

BIOSTATISTICIAN
Biostatistics Division
Sharon Miller, B.Comm.
A/Joyce Roll, B.Sc.N.,Dip.T & S. (Oct./89)

Computer Applications • Statistics • Research and Planning • Program Evaluation • Annual Report

DIRECTOR
Public Health Nursing Division
Dolores Ast, R.N., B.Sc.N. Cert. Admin. Cert.H.C. Admin.

Communicable Disease Control • Immunization • Health Education • Native Health Program • Infant and Preschool Services • Family Planning • Service Coordination

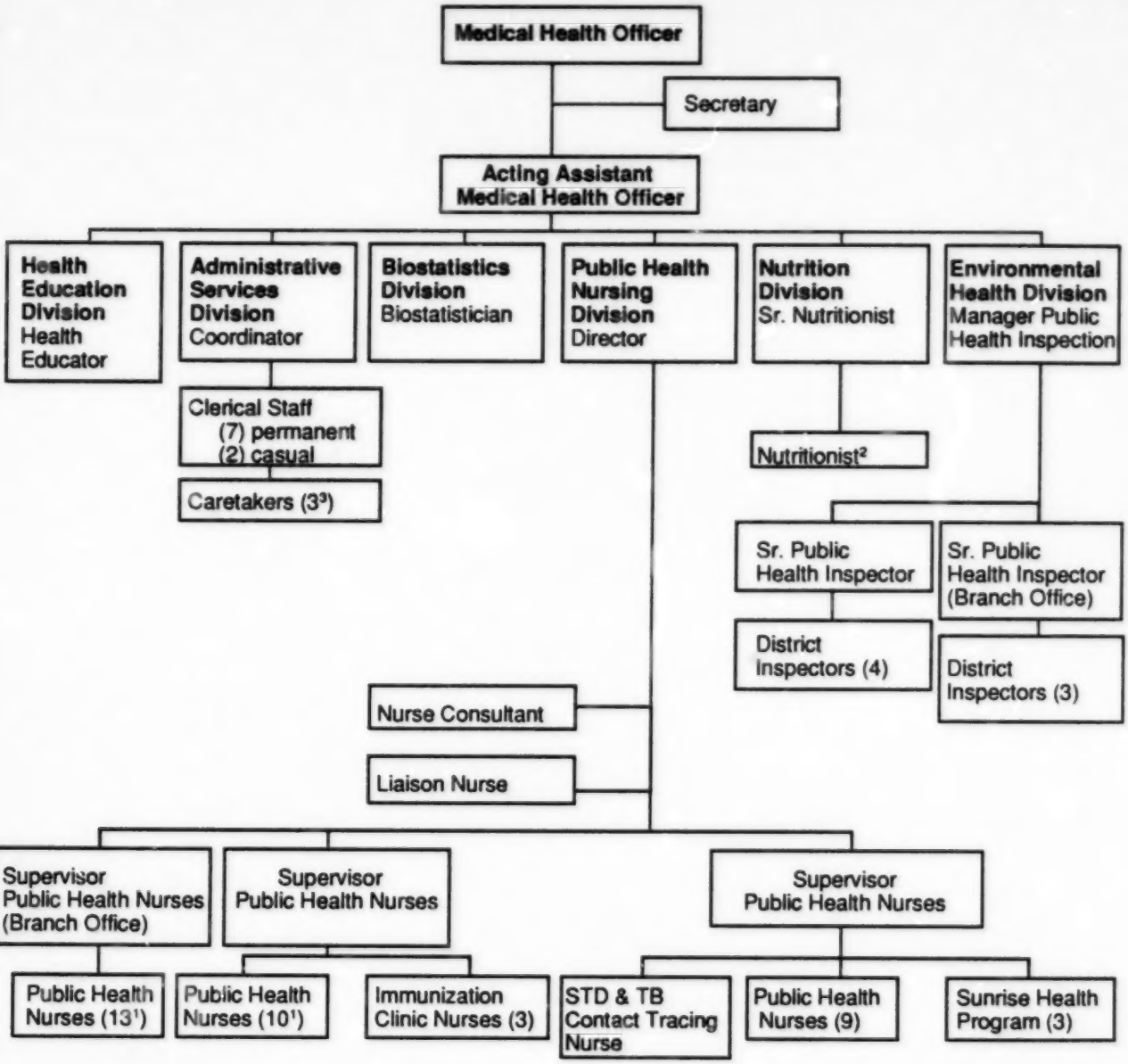
SENIOR NUTRITIONIST
Nutrition Division
Jan Ayer, B.Sc., M.P.H., P.Dt.

Nutrition Education • Presentations • Media • Inservice Education • Consultation • Resource Preparation

MANAGER, PUBLIC INSPECTION
Environmental Health Division
Mike Markewich, C.P.H.I.(C)

Legislation Enforcement • Communicable Disease Control • Food Protection • Water Quality • Health Education • Property Control • Animal Control

Health Department Organization Chart



[1]One job sharing position
[2]Permanent position changed to casual in 1987
[3]Facilities department staff assigned to the Health department

Mission of the Health Department

To protect, promote and improve the health of Regina citizens and to prevent and control disease through the use of a coordinated community approach to education, program provision, and maintenance of public health standards.

Goals

To prevent and control communicable disease in Regina.

To ensure that public health standards are maintained.

To maintain an up-to-date database relative to communicable disease incidence and vital statistics.

To provide programs to meet preventive health needs.

To provide health education services and programs to all citizens of Regina.

To work in cooperation with other city and government departments and community groups to deliver preventive health services.

To act as an advocate in dealing with health issues.

Report of the Medical Health Officer

Dr. P. A. Hutchison
Medical Health Officer

The department has had a busy year and appears to be at a fairly pivotal time of its existence. Several factors could influence the department's programs and services, for example, capability and speed of relocating to a new facility in the next few years, the results of Health Grant negotiations and the report of the Commission on Directions in Health Care. Society is recognizing the importance of preventive health care and public health professionals are emphasizing community development. There is the challenge of change and we must all be ready to meet whatever the future holds.

1989 was highlighted by a number of events and initiatives. They are briefly outlined as follows.

Staffing

In 1989, we were able to fill the public health nurse consultant and liaison nurse positions approved in 1988 as one of the results of receiving additional Health Grant funding.

Job Sharing

Two job sharing positions were established as a pilot project in the nursing division in September.

Food For Learning

This project came into operation after an initial planning period in 1988. When we were unable to hire a qualified half-time nutritionist as approved by City Council, we did assign one of our staff nutritionists half-time to this project. This caused stress on the division's ability to meet increasing needs and demands for service. The Food for Learning program involves feeding hungry children, education of children and adults about nutrition, creating community awareness and community development. The nutritionist was instrumental in implementing the program in April at the Core-Ritchie Neighbourhood Centre and its expansion to other areas of the city.

In March, the department submitted a report regarding hunger in Regina to the Mayor's Inquiry on Hunger.

Communicable Disease Control and Immunization

In recent years, there has been an increased number of cases of pertussis reported, a pattern seen provincially as well. There were 13 cases in 1989 and 17 in 1988. Most cases were either too young to be immunized or had received an incomplete series.

In the summer of 1989, rubella appeared among unimmunized male teenagers with 17 confirmed cases being reported.

The number of HIV infections reported in 1989 was seven. Four were symptomatic (classified as AIDS). This brings to a total of ten AIDS cases reported in the city since 1984 and 15 HIV infections since February, 1988. (AIDS became reportable in 1984, HIV infection in February, 1988). The department continues to provide AIDS education with 133 sessions being presented to 2,486 individuals in 1989. Many questions from individuals are answered and the department works with community organizations in an attempt to deal with prevention of the disease. In October, the City adopted an AIDS in the Workplace policy for the corporation.

Hazard Analysis/Critical Control Point Inspection Method (HACCP)

During 1989, public health inspectors adopted the "Hazard Analysis/Critical Control Point Inspection (HACCP)" method of regulating public eating establishments. HACCP assists them in better pinpointing conditions which would be likely to lead to food borne illnesses.

Brief to the Saskatchewan Commission on Directions in Health Care

A comprehensive brief was prepared for the Saskatchewan Commission on Directions in Health Care. The brief was presented to the Commission by City Council on March 16. Issues highlighted were: preventive health services, health promotion, community health programs, special needs transportation for the handicapped and the inequity relating to the hospital levy.

Heart Health Survey

The Health Department joined with the province, the University of Saskatchewan, Health and Welfare Canada, the Saskatoon Community Health Unit and the Heart and Stroke Foundation in supporting the federally funded Heart Health Survey. The survey assessed Regina citizens' health status and knowledge of heart disease. The department's contribution of funding and staff time ensures that Regina will have an important baseline of information which will be used to develop future health programs. The results of the survey will be made available in mid-1990.

Smoke in the Workplace

The City of Regina has implemented a policy to provide smoke-free air in its facilities. The department's health educator has served as a resource person to the Smoke in the Workplace committee, as well as chairing the committee in 1989. An evaluation of the policy was reported to City Council in November.

Health Promotion

As part of its mission to promote and improve the health of Regina citizens, the department organized and took part in several events and activities related to the following.

• Smoking	National Non-Smoking Week, Weedless Wednesday (Jan. 12-18)
• Nutrition	Nutrition Month (March)
• Healthy Lifestyles	Lifestyles '89 (April 8 - 10)
• Accident Prevention	Child Safety Week (April 21 - 22)
• Seniors' Health	"People Working Together to Make a Difference" conference (May 10)
• AIDS	AIDS Awareness Week (October 15-21)

Budget

The budget required to operate health programs of the department in 1989 amounted to $3,015,600 (including facilities) of which 45.6% was from the Provincial Health Grant and 54.4% was City of Regina funds. This represents $16.90 per capita, a 1.7% increase over 1988.

The Future - 1990 and Beyond

Planning future directions is important. The following are highlights.

Provincial Health Grant

The present city-provincial funding agreement is in place until March 31, 1991. A major initiative for 1990 is to successfully renegotiate with the provincial Health Department an improved formula for the Health Grant provided to the Regina Health Department for preventive health services.

Saskatchewan Commission on Directions in Health Care

It is expected that the report of the Saskatchewan Commission on Directions in Health Care will make recommendations regarding the organization and delivery of health care in Saskatchewan. We will be looking to the report with interest and considering its potential impact on preventive health services in Regina.

Health Department Building

The present building at 1910 McIntyre Street is severely overcrowded and outmoded. The department, with the assistance of the Central Services Department, began developing a proposal for a new facility and hopes this can be realized in 1991.

Food Handlers Course

The department will continue to work toward assuring that all food handling establishments have at least one staff person on duty at all times who has passed an approved food handlers course. This guideline has been developed under the Public Health Act.

Immunization

Immunization is a very important program of the department. Therefore, we will continue to give it a high profile and will develop computer programs during 1990 and beyond in order to better identify and follow-up those who require immunization.

AIDS

The department's mandate, interest and responsibility to deal with AIDS prevention will be maintained as a priority. In addition to providing general information on STD/AIDS, special attention will be focused on high risk groups such as injection drug users and street youth.

Health Educator

During the past year the department has been able to establish a full-time health educator position. This will allow us to better priorize, formulate and present the health promotion message within the community in areas such as wellness, nutrition and accident prevention.

Community Development

The staff recognizes the importance of emphasizing community development, that is, assisting people to identify their own needs and then take action. This is a continuing goal of the department.

Smoking

The department hopes to review the provisions of the Smoking Bylaw with a view to amendments required. We also aim to increase our efforts at reducing smoking among young people, in particular, young women.

Healthiest Babies Possible

Provincial funding for the Native Women's Association's "Healthiest Babies Possible" will be transferred to the City of Regina on April 1, 1990 (as agreed in 1985 Health Grant negotiations). This is a program to improve the health of pregnant native women and their babies. The department will continue to cooperate with the Native Women's Association in furthering the objectives of the program.

Heart Health Project

The results of this 1989 survey will be announced in mid-1990. It is anticipated that projects will be researched in order to address factors which are contributing to the incidence of heart disease.

Conclusion

I would like to take this opportunity to recognize and thank a dedicated staff for their services during 1989 as well as thank the Board of Health, City Council, the Senior Director and member departments of the Community and Social Services Directorate and general administration of the City for their support. The department also has considerable interaction with the media and I thank them for their interest and support.

Respectfully submitted,

P. A. Hutchison

P. A. Hutchison, M.D.,F.R.C.P.(C)
Medical Health Officer

Overview

The estimated population of the City of Regina on June 30, 1989 was 178,348. Although this is down from 179,400 in 1988, Regina experienced an 11% natural increase or change in population due to the difference in number of births and deaths. There were 2,982 babies born in Regina to Regina residents and 1,019 deaths throughout the year. Both birth and death rates have fallen slightly over last year.

Of special note are the statistics on infant and perinatal mortality. At 8.0, infant mortality is at its lowest level since 1981. Perinatal mortality, at 8.7 for 1989, is lower than the rate for the five previous years. Over the past two decades, there has been a definite trend to declining infant and perinatal mortality rates.

Table 1. Health statistics summary, Regina, 1985 to 1989

		1989	1988	1987	1986	1985
Population[1]		178,348	179,400	178,520	176,231	175,159
Live births	- number	2,982	3,072	3,114	3,179	3,205
	- rate[2]	16.7	17.1	17.4	18.0	18.3
Deaths	- number	1,019	1,133	1,127	1,103	1,117
	- rate[2]	5.7	6.3	6.3	6.3	6.4
Natural increase	- number	1,963	1,939	1,987	2,076	2,088
	- rate[2]	11.0	10.8	11.1	11.8	11.9
Infant mortality[5]	- number	24	33	31	35	33
	- rate[3]	8.0	10.7	10.0	11.0	10.3
Neonatal mortality[6]	- number	17	20	17	19	23
	- rate[3]	5.7	6.5	5.5	6.0	7.2
Perinatal mortality[7]	- number	26	33	29	31	27
	- rate[4]	8.7	10.7	9.3	9.7	8.4
Stillbirths	- number	11	16	20	16	10
	- rate[3]	3.7	5.2	6.4	5.0	3.1

[1] Source: Saskatchewan Health
[2] per 1000 population
[3] per 1000 live births
[4] per 1000 live births and stillbirths
[5] Deaths of infants less than one year of age
[6] Deaths of infants less than one month of age
[7] Deaths of infants less than one week of age plus stillbirths

Population

In Table 2, Regina's population in 1969, 1979, and 1989 is compared on the basis of age and sex. The total growth in population is evident from this chart. It should be noted that as age increases, the proportion of females significantly increases, as well. That is to say, under 60 years of age, 50% of the population is female. Above that age the proportion rises significantly. Over 60 years of age, 58% and over 80 years, 67% are female.

From Figure 1, the aging of Regina's population can clearly be seen. Over the past two decades the population expansion has been most marked in older age groups. The trend for the province as a whole is very similar to that seen in Regina (Figure 2).

Table 2. Population of Regina by age and sex, 1969, 1979, and 1989

	1969				1979				1989			
Age	Male	Female	Total	%	Male	Female	Total	%	Male	Female	Total	%
Under 1	1513	1410	2923	2.1	1509	1393	2902	1.8	1350	1324	2674	1.5
1-4	5983	5577	11560	8.2	5252	5142	10394	6.5	5697	5405	11102	6.2
5-9	8110	7828	15938	11.4	6436	6076	12512	7.8	6893	6506	13399	7.5
10-14	7034	6679	13713	9.8	6568	6113	12681	8.0	6257	6025	12282	6.8
15-19	5922	6151	12073	8.6	7764	7951	15715	9.9	6339	6129	12468	7.0
20-29	11050	12638	23688	16.9	16225	17006	33231	20.8	17130	17155	34285	19.2
30-39	8592	8578	17170	12.2	10600	10730	21330	13.4	15938	15507	31445	17.6
40-49	7555	8043	15598	11.1	7907	7903	15810	9.9	9978	10132	20110	11.3
50-59	5640	6524	12164	8.7	7130	7706	14836	9.3	7492	7540	15032	8.4
60-69	3875	4282	8157	5.8	4757	5920	10677	6.7	6034	6919	12953	7.3
70-79	2212	2670	4882	3.5	2637	3593	6230	3.9	3315	5119	8434	4.7
80-89	1003	1201	2204	1.6	976	1676	2652	1.7	1211	2309	3520	2.0
90-94	80	118	198	0.1	125	257	382	0.2	133	350	483	0.3
95+	8	24	32	0.0	35	87	122	0.1	35	126	161	0.1
Total	68577	71723	140300	100.0	77921	81553	159474	100.0	87802	90546	178348	99.9

Source: Saskatchewan Health

Figure 1. Population of Regina by age group, 1969, 1979 and 1989.

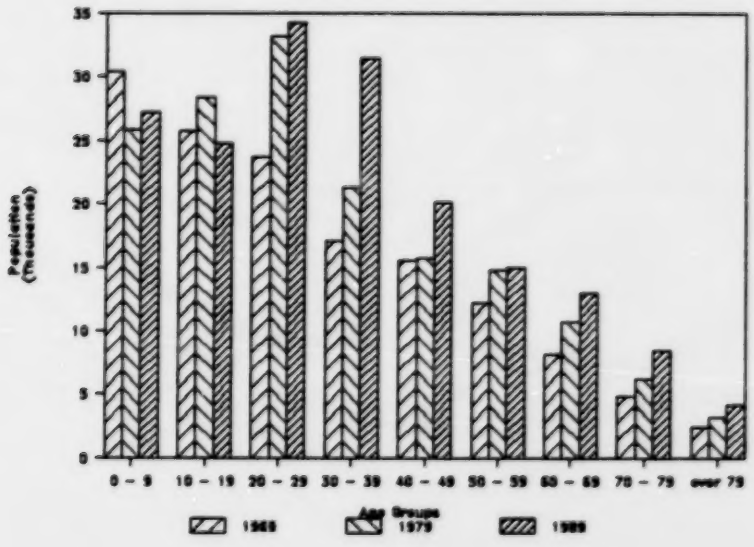
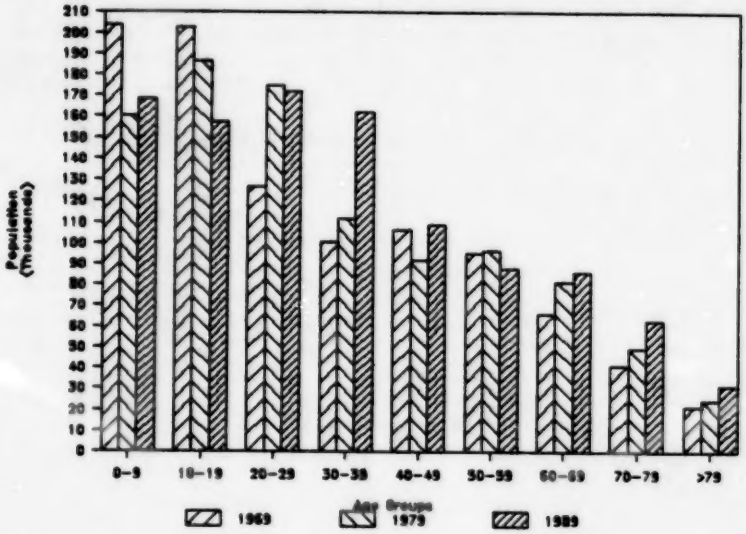


Figure 2. Population of Saskatchewan by age group, 1969, 1979 and 1989.



Births

The birth rate in Regina has fallen slightly this year; in 1988 the rate was 17.1 and in 1989 the rate was 16.7. Twenty-eight percent of Regina births were to unmarried mothers. Close to 10% of the births, 292 babies, were born to teenagers. Compared with last year's figures, a greater proportion of the births to singles are to older mothers. In 1988, 23% of single births were to mothers 25 years and older, while in 1989, this group accounted for 26% of single births.

Table 3. Regina births by age and marital status of mother, 1989

Age	Marital Status					Total Births	
	Married	Divorced	Widowed	Single	Unknown	Number	Percent
10-14	0	0	0	4	-	4	0.1
15-19	26	0	0	262	-	288	9.7
20-24	375	5	1	334	-	715	24.0
25-29	975	22	2	144	-	1143	38.3
30-34	561	21	1	45	-	628	21.1
35-39	138	5	1	14	-	158	5.3
40-44	15	2	0	2	-	19	0.6
Unknown	-	-	-	-	27	27	0.9
Total	2090	55	5	805	27	2982	
Percent	70.1	1.8	0.2	27.0	0.9		100.0

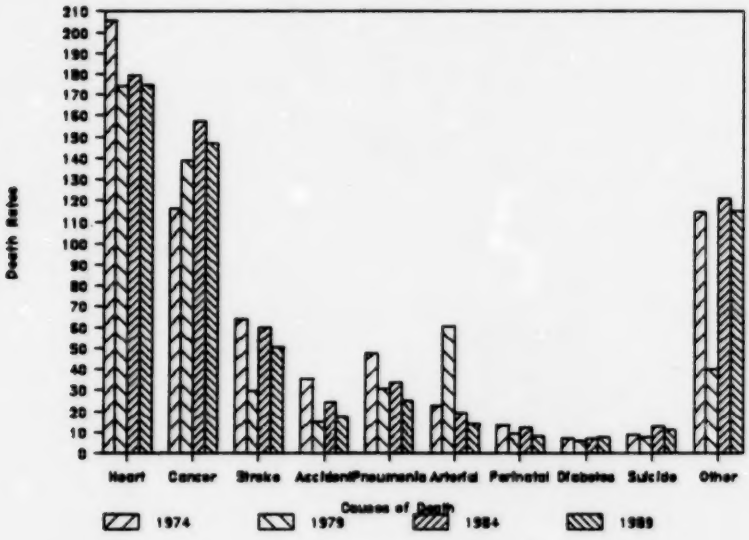
Deaths

There were 1019 deaths in Regina in 1989 (Table 4). The number one cause of death was heart disease, followed closely by cancer. As can be seen in Figure 3, over half the deaths in Regina were due to heart disease or cancer.

Table 4. Deaths by major cause, 1974, 1979, 1984 and 1989

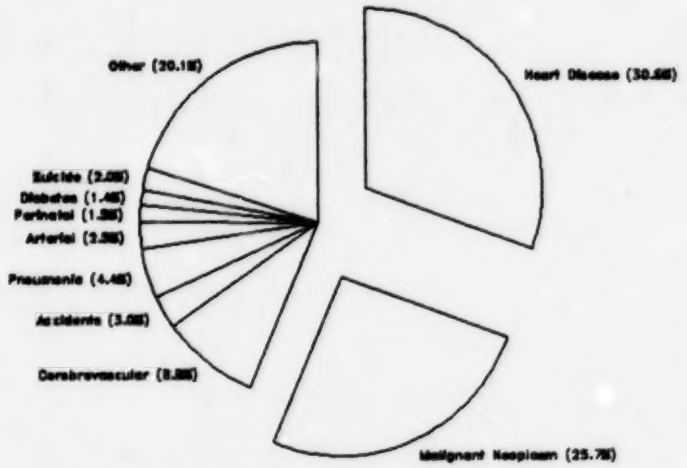
	1989		1984		1979		1974	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Heart disease	312	174.9	309	179.3	278	174.3	305	205.8
Malignant neoplasms	262	146.9	271	157.2	221	138.6	172	116.1
Cerebrovascular disease	90	50.5	103	59.8	47	29.5	95	64.1
Accidents	31	17.4	42	24.4	24	15.0	53	35.8
Pneumonia	45	25.2	58	33.7	49	30.7	71	47.9
Diseases of the arteries	25	14.0	33	19.1	96	60.2	34	22.9
Bronchitis, emphysema and asthma	8	4.5	11	6.4	N\A	N\A	N/A	N/A
Certain causes of perinatal mortality	15	8.4	21	12.2	15	9.4	20	13.5
Diabetes mellitus	14	7.8	12	7.0	9	5.6	10	6.7
Suicide	20	11.2	22	12.8	12	7.5	13	8.8
Congenital malformation	3	1.7	8	4.6	1	0.6	9	6.1
Cirrhosis of the liver	8	4.5	13	7.5	N\A	N\A	N/A	N/A
Other causes	186	104.3	176	102.1	63	39.5	161	108.6
Total Deaths	1019	571.3	1079	626.0	815	511.0	943	636.3

Figure 3. Leading causes of death, 1989



A comparison of Regina's death rates over time reveals that little change has been experienced in the causes of death (Figure 4). It must be noted the death rates in Table 4 are crude rates not standardized for age or sex of the population. Heart disease and cancer have been, and continue to be, the major causes of death. At the time of recording, data on potential years of life lost (PYLL) was unavailable for Regina and Saskatchewan.

Figure 4. Major causes of death, Regina, 1974, 1979, 1984, and 1989



Sexually Transmitted Diseases

In 1989, the numbers of gonorrhea and chlamydia cases reported were 195 and 688. This has fallen from 230 and 828 respectively in 1988. Herpes has shown an increase to 92 cases, from 57 in 1988. Syphilis numbers continue to be low. Table 5 summarizes the number of cases of sexually transmitted diseases from 1979 to 1989.

Tables 6 through 8 represent age/sex incidence for gonorrhea, chlamydia and genital herpes.

Table 5. Summary of sexually transmitted disease in Regina, 1979-1989

Year	Gonorrhea	Chlamydia	Herpes	Syphilis
1979	447			11
1980	437			5
1981	507			3
1982	571			3
1983	513			3
1984	347	17[1]	8[1]	4
1985	356	289	26	7
1986	380	817	21	0
1987	338	889	56	0
1988	230	828	57	2
1989	195	688	92	1

Source: Saskatchewan Health
[1]Became reportable August, 1984.

Table 6. Cases of gonorrhea by age and sex, 1989

Age	Female	Male	Total
15 - 19	31	9	40
20 - 24	33	40	73
25 - 29	13	24	37
30 - 39	5	18	23
40 - 59	2	12	14
Unknown	4	4	8
Total	88	107	195

Source: Saskatchewan Health

Table 7. Cases of chlamydia by age and sex, 1989

Age	Female	Male	Total
10 - 14	5	0	5
15 - 19	184	29	213
20 - 24	186	77	263
25 - 29	64	47	111
30 - 39	26	26	52
40 - 59	7	5	2
60 +	1	1	2
Unknown	20	10	30
Total	493	195	678

Source: Saskatchewan Health

Table 8. Cases of genital herpes by age and sex, 1989

Age	Female	Male	Total
10 - 14	0	0	0
15 - 19	11	2	13
20 - 24	15	13	28
25 - 29	16	9	25
30 - 39	7	7	14
40 - 59	3	3	6
over 60	0	1	1
Unknown	4	1	5
Total	56	36	92

Source: Saskatchewan Health

Communicable Disease Control

Prevention of communicable disease through immunization and disease control continues to be a primary goal of the Health department.

Immunization

The department provides immunization through a routine childhood program and special immunization programs.

Childhood Immunization Program

The routine childhood program provides immunization to all infants and children against eight diseases - diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, Rubella (German measles) and Haemophilus b disease. The latter is a major cause of meningitis in children. Routine immunization is provided on a voluntary basis at clinics held at the department's offices, in Regina schools, and at numerous child health clinics throughout the city.

Special Immunization Programs

Special immunizations are provided to individuals and groups who are at particular risk. Hepatitis B vaccine is given to infants born to mothers with hepatitis B infection. Immune globulin is provided to household and close contacts of individuals with hepatitis A. Rabies vaccine is provided to individuals with potential occupational exposure to rabies and to those who have received rabies prone animal bites. Along with advice on avoiding illness, a number of vaccines (including meningococcal vaccine as required) are provided to international travellers.

Table 9. Immunization procedures, Regina, 1989

	Number of Individuals	Number of Procedures
Infants	8,005	15,397
Preschool	8,193	15,165
School	3,922	7,240
Adults	1,521	1,558
Total	21,641	39,360

Influenza vaccine was again made available, without charge, to patients in nursing homes. On average, 50% of nursing home residents received this immunization. In some homes, over 80% received it. It was also made available to physicians for administration to patients with medical conditions (for example, heart and lung conditions) which would put them at high risk were they to get influenza A or B.

The Health department continues to be the designated yellow fever vaccination centre for southern Saskatchewan with 130 doses being administered.

In 1989, 39,360 immunization procedures were administered to 21,641 individuals. 1,230 immunization procedures were administered to international travellers.

Communicable Disease

The department monitors the occurrence of disease, identifies patterns and risks associated with the disease and investigates outbreaks.

There were no major community or institutional outbreaks of reportable disease in 1989.

Table 10. Communicable disease cases reported in Regina, 1988-89

	Number		Rate[1]	
	1989	1988	1989	1988
Amoebiasis	7	4	3.9	2.2
Campylobacteriosis	69	49	38.7	27.5
Cytomegalovirus	2	N/A	1.1	N/A
Chicken pox	374	919	209.7	515.3
Diphtheria-Cases	0	0	0	0
Diphtheria-Carriers	0	0	0	0
E.coli Gastroenteritis (predominantly 0:157)	36	68	20.2	38.1
Gastroenteritis	276	210	154.8	117.7
Giardiasis	98	149	54.9	83.5
Haemophilus influenzae-type b (not meningitis)	4	7	2.2	3.9
Hepatitis A	18	12	10.1	6.7
Hepatitis A Clinical	1	0	0.6	0
Hepatitis B	11	15	6.2	8.4
Hepatitis B Carrier	32	32	17.9	17.9
Hepatitis-non A non B	6	0	3.4	0
Hepatitis-non A non B Carrier	0	0	0	0
Hepatitis-Unspecified	0	0	0	0
Influenza-Type A	5	9	2.8	5.0
Influenza-Type B	0	2	0	1.1
Legionellosis	0	0	0	0
Malaria	4	3	2.2	1.7
Measles	0	0	0	0
Measles Clinical	0	0	0	0
Meningitis (Bacterial)	9	2	5.0	1.1
Meningococcus	1	0	0.6	0
Haemophilus	8	2	4.5	1.1
Pneumococcus	0	0	0	0
Other	0	0	0	0
Meningococcal disease (not meningitis)	1	3	1	1.7
Mumps	4	5	2.2	2.8
Parasitic Skin Disease	639	668	358.3	374.5
Other Parasitic Diseases	8	0	4.5	0
Paratyphoid	0	0	0	0
Pertussis (Whooping Cough)	13	17	7.3	9.5
Polio	0	0	0	0
Psittacosis	0	0	0	0
Rubella	17	0	9.5	0
Rubella Clinical	0	0	0	0
Salmonellosis	83	71	46.5	39.8
Sexually Transmitted Disease:				
- Gonococcal	195	230	109.3	129.0
- Ophthalmia Neonatorum	0	0	0	0
- Syphilis	1	2	0.6	1.1
- Herpes genitalis	92	57	51.6	32.0
- Chlamydial infection	688	828	385.8	464.3
- Urethritis unspecified	15	10	8.4	5.6
- AIDS	5	0	2.8	0
- HIV infection	4	6	2.2	3.4
- Other	0	3	0	1.7
Shigellosis (Bacillary Dysentery)	2	8	1.1	4.5
Tuberculosis - Respiratory	2	5	1.1	2.8
- Other	4	1	2.2	0.6
Typhoid (imported)	2	0	1.1	0
Viral Meningitis-Encephalitis	6	20	3.4	11.2
Western Equine Encephalitis	0	0	0	0
Yersiniosis	3	3	1.7	1.7

[1]per 100,000 population

Vaccine-preventable diseases (except Rubella) showed a continued low incidence or satisfactory decline. No cases of diphtheria, tetanus, polio, or measles were reported. Pertussis incidence declined from 17 in 1988 to 13 in 1989; the majority of cases again occurred in young infants under 12 months who were unimmunized or incompletely immunized. Rubella increased from none in 1988 to 17 in 1989. All but two cases occurred in unimmunized males between the ages of 14 and 20 years. Except for a short period in the early 70's Rubella vaccine was not offered to males until 1979.

Haemophilus type b disease showed an increase in incidence compared to 1988. Both the total number of cases reported (12 in 1989 compared to nine in 1988) and the number associated with meningitis (eight in 1989 compared to two in 1988) increased. The majority of cases occurred in children less than 18 months of age for whom vaccine is not presently licensed.

Three deaths due to communicable disease were reported in 1989. All involved infection of the nervous system with one case each of viral encephalitis, tuberculous meningitis and haemophilus b meningitis.

A small outbreak of food-related diarrheal illness occurred in a nursing home. Over a 16 hour period, 14 residents developed mild diarrhea which lasted 24 hours or less. Clostridium perfringens was found in significant numbers in stool specimens from several of the symptomatic residents and in retained samples from food served the previous evening. This suggested that illness was caused by this agent. Necessary measures were taken to prevent recurrence.

Illness unrelated to food was also reported in several health care facilities. Separate incidents of mild vomiting and diarrhea occurred in two nursing homes in the fall. A viral cause was strongly suspected but no agent was identified. Four nursing homes reported increased respiratory illness among residents and/or staff. Two occurred in early spring and two in late fall. Again, no causative agent was identified.

Communicable disease activity in child care facilities, such as day cares, declined. Four required investigation and surveillance because of isolated reports of infectious disease (three giardiasis, one pertussis). In one facility, investigation uncovered an outbreak of diarrhea caused by cryptosporidium, an intestinal parasite. This agent has only recently been recognized as an important cause of watery diarrhea in the human. Most reported cases have been associated with contact with domestic animals or pets, but some outbreaks have been associated with contaminated food, milk, or water and were spread by the fecal-oral route. In this instance, the source of infection was not identified.

Of the reportable infections causing diarrhea, giardiasis continued as the most common. There were 98 cases reported, a decrease from the 149 in 1988. Salmonella infection continued as the most common bacterial cause of diarrhea, followed by Campylobacter and E.coli O:157. Both of the latter showed an increase in number of community cases.

Chickenpox remained the most frequently reported single disease during 1989. However, it showed a considerable decrease in incidence from 919 in 1988 to 374 in 1989. No vaccine program is currently available.

Two cases of typhoid were reported. Both were acquired abroad.

There were four cases of imported malaria. All involved travel to endemic areas and were due to Plasmodium vivax.

No cases of Western Equine Encephalitis were reported and the incidence of other viral meningitis/encephalitis infections decreased from 20 in 1988 to six in 1989. One, however, resulted in death.

Reported sexually transmitted diseases (gonorrhea, chlamydia) decreased in 1989. This has been the trend for gonorrhea nationally for a number of years. However, reported herpes infections have increased in recent years. Tables showing figures for the major sexually transmitted diseases appear in the statistics section of the report.

Reported cases of AIDS disease were five and for HIV infection (asymptomatic) four in 1989. A total of 15 AIDS cases and ten HIV infections have been reported in Regina since this condition became reportable. These figures are not considered to reflect completely the incidence in the community.

There were six cases of tuberculosis, unchanged in total from 1988. One of these represents a death from TB meningitis.

Investigation of Communicable Disease

Investigation, education and follow-up activities related to communicable diseases were done by public health nurses. This included phone calls, home visits, and screening at schools and day cares.

Table 11. Communicable disease[1] investigation, 1988-89

	1989	1988
Home visits	530	719
Day care/nursery schools-children screened	894	1,558
Schools-children screened	11,697	11,111

[1]Excluding sexually transmitted diseases

Rheumatic Fever Program

Patients with rheumatic fever who are registered with this program receive penicillin or sulphadiazine to prevent recurrent infection. This is received free of charge through a provincially funded program. The number of persons on this program is steadily decreasing. This reflects the unexplained decrease of this disease over the past 15 years or so. Some recent resurgence in incidence in the United States has not occurred here. In 1989, one person was admitted and two were discharged for a total of 15 remaining on the program at the end of the year.

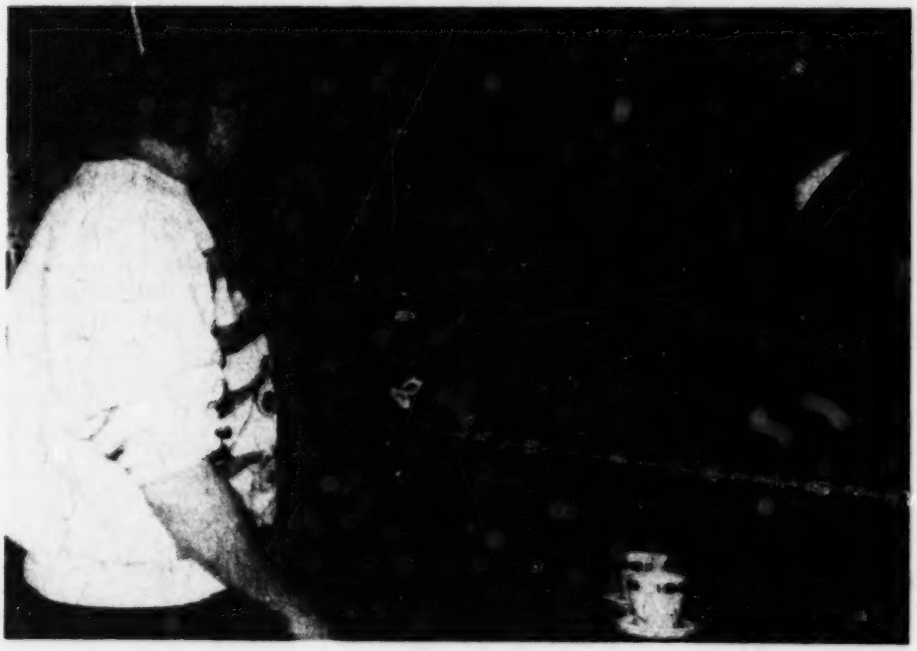
Environmental Health Control

Food Control

Control and monitoring of food handling establishments such as restaurants, grocery stores, bakeries, butcher shops and food warehouses are priorities of the department. Monitoring provides citizens with protection from unsafe and unwholesome food thus playing an important part in communicable disease control. In 1989, the Hazard Analysis/Critical Control Point Inspection Method (HACCP) was initiated which devotes more attention to hazardous areas of operation.

New provincial Public Eating Establishment Regulations were passed. They require that each establishment have at least one staff member who has attended a Food Handling Course. Because the new regulations do not provide for grading of restaurants, grading has been discontinued. Public eating establishments are, however, licensed by the department. In 1989, 544 restaurants were licensed and approved. Thirty-one of these required written orders about deficiencies; 413 temporary food permits were also issued for special events such as Buffalo Days and Bazaart.

Methods of handling and displaying bulk food items are an important concern. Seven hundred and twenty inspections were made to grocery stores, meat markets, confectionaries, bakeries and food warehouses.



Staff from Regina restaurants attend a food handling course.

Food Handling Courses

A 3.5 hour food handling course has been developed to acquaint people in the industry with proper food handling techniques thus helping to prevent food-borne illnesses. The course has become very popular with Regina food handling operators. In 1989, 21 courses were taught to 399 persons. Participants represented public eating establishments (218), day care centres (17), special care homes (76), clubs (21), and others (37). The department's goal is to reach each operator and employee in the food handling industry.

Water Sampling

The department routinely tests Regina water to ensure its safety. Samples are collected from the distribution system twice weekly, and bacterial analysis is done. In 1989, 792 samples were taken. To further ensure the quality of water, field tests for pH, chlorine and turbidity are also done.

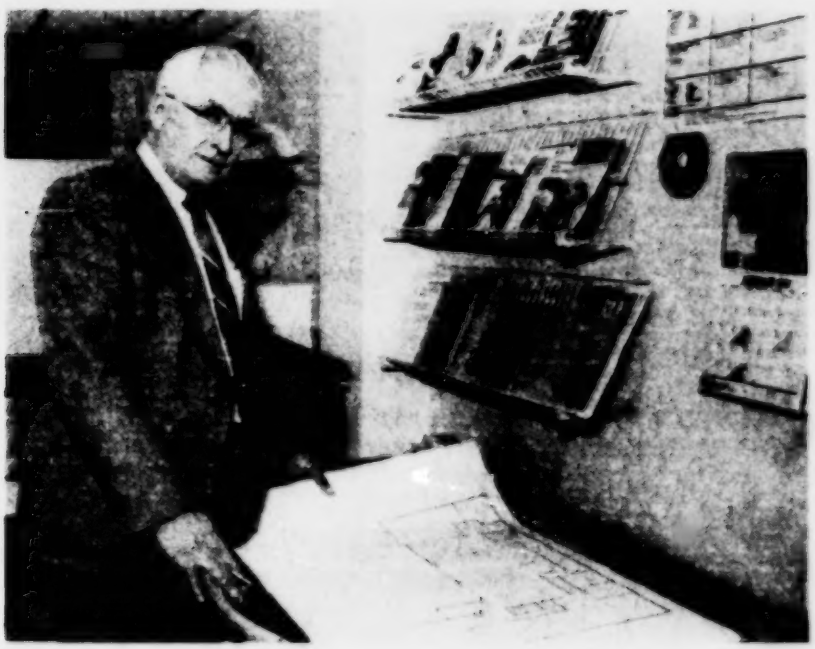
With the installation of the carbon filtration system, complaints about odour and taste have decreased. Sixty-four complaints about water were received and investigated.

Housing and Properties

Poor housing and property maintenance continue to be a great concern to the department. A total of 1,440 housing and property inspections were made, resulting in 55 premises being placarded as unfit for human occupation under the Public Health Act. Efforts are being made to control slum dwellings. Seventeen premises which had been placarded were demolished and 38 placarded dwellings were repaired. It is interesting to note that in 1989 more placarded houses were repaired than demolished.

It was found necessary to utilize sections of the Public Health and Urban Municipality Acts relating to demolishing old housing and buildings, removing wrecked vehicles and refuse and cleaning up properties. Actions taken under this legislation have resulted in improvements in unsatisfactory conditions. The general public and community service groups continue to maintain pressure for better controls on housing and property maintenance.

Continued demands are also made for inspections and reports on institutions such as special care homes, schools, group homes, boarding care homes and day care centres. Due to growing public interest in recreation and sports, efforts have once again been put into maintaining and improving sanitary and safety standards in all public playgrounds, parks, rinks and swimming pools.



Building plans are reviewed to ensure they meet health standards.

Other Inspections

Regular inspections and control measures have been carried out in other areas such as offices, barber shops, beauty parlours, malls, arcades, pool rooms, clubs and other public facilities. Newly established facilities are reviewed by inspectors in the field.

Swimming Pool Operators Courses

Courses for operators and owners of public and semi-public pools acquaint participants with swimming pool regulations and safe and healthy methods of pool operation and maintenance. In 1989, two courses were held with 44 in attendance. An estimated 75% of all operators and owners have taken this course. The department's goal is to have all pools operated by a qualified operator.

Carbon Monoxide Monitoring

Frequent carbon monoxide monitoring continued in City arenas during the fall and winter months. Tests for carbon monoxide were taken at various times of the day in each facility. Continuous readout equipment has proven very valuable in this monitoring. Very few problems are now noted. A number of spot checks have also been done in homes and underground parkades.

Bylaw Respecting Smoking in Public Places

Administration of the bylaw involves monitoring of signage in public places as well as dealing with complaints from the public. Five hundred and thirty-three inspections were made and 547 signs distributed.

Rodent and Pest Control Program

This ongoing program deals with the control and elimination of pests such as rabbits, pigeons, rats and skunks. The responsibility for rodent and pest control in public areas was taken over by the Community Services and Parks Department in 1988. The Health Department continues to deal with pest control problems on private properties.

This year has once again been a very bad year for gopher problems. In addition, insects, particularly cockroaches, bedbugs, sawtooth grain beetles and meal moths continue to be a problem. Inspectors dealt with 74 insect infestations.

Animal Control

Seventeen percent of complaints received are directly related to the keeping of dogs. These include yards not being kept clean, kennels too close to neighbours' property, barking and the number of dogs on a property. Enforcement of the Animal Control bylaw has helped in dealing with some of the problems. One hundred and twenty-nine actions were taken under the bylaw.

Dog bites continue to be a problem with 193 bites reported, a decrease of 50 from 1988. The Health of Animals Division, of the federal Department of Agriculture, is also involved in follow-up and rabies control procedures.

Environmental Complaints

A total of 1,324 complaints have been received and either investigated or referred to the proper authorities. Seven hundred and eleven verbal and 298 written notifications and orders were issued in 1989.

Table 12. Complaints received in 1989.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Housing	22	20	18	17	22	30	33	30	15	20	8	15	250
Yards/ Properties	1	15	20	18	12	35	45	28	14	15	6	6	215
Yards/Animal related	4	14	29	52	22	29	28	13	13	6	5	8	223
Wild birds/Pigeons	1	0	2	4	7	4	6	1	2	1	3	0	31
Wild animals	0	0	0	0	0	0	0	0	0	0	0	0	0
Rats/Mice	2	0	0	4	3	4	4	5	1	2	4	1	31
Insects	2	3	7	6	8	5	7	16	4	5	8	3	74
Water	6	5	9	3	3	1	10	9	2	2	9	5	64
Food/Food stores	8	4	10	7	6	4	7	9	4	8	6	5	78
Public eating establishments	4	9	13	8	8	9	12	7	8	11	7	10	106
Garbage/Refuse	1	3	5	5	5	2	11	14	4	3	2	2	57
Public & Commercial buildings	2	4	5	7	1	1	2	0	3	2	2	2	31
Recreation areas	2	1	0	1	1	0	0	0	0	0	1	2	8
Air pollution	0	1	1	0	2	0	0	1	0	0	0	0	5
Institutions	2	3	1	0	0	1	1	0	0	0	1	0	9
Indoor air quality	3	8	6	3	7	4	1	1	0	1	0	2	36
Miscellaneous	0	6	21	10	7	26	11	8	0	5	9	3	106
TOTAL	60	96	149	145	114	155	179	142	70	81	71	64	1324

Health Education and Promotion

Nutrition

Good nutrition has long been recognized as a key factor in promoting health and preventing disease. The Nutrition division provides nutrition information and education programs to assist individuals in making informed food choices. The primary objective of these programs is to improve the nutritional status of the residents of Regina.

The Food for Learning Program

"Food for Learning" which addresses the need to alleviate child hunger in Regina, is an innovative program that teaches good nutrition by example. The project was originally proposed by a group of concerned citizens with consultation from the Nutrition division. It encompasses meal programs, nutrition education, community development and community awareness.

A nutritionist has been assigned half-time to the project and has been involved in setting standards for meals, menu development, staff and volunteer training and writing a procedure manual. She has also developed nutrition education programs and created public awareness through media involvement.

Having fun at the "Food for Learning" Breakfast Fair.

A breakfast program was started at the Core Ritchie Centre and served an average of 25 breakfasts three times per week. Participating children were also offered a bag lunch. One example of the nutrition education component of the program was the Breakfast Fair. This interactive program provided nutrition education for parents and children and created community involvement.

Nutrition Services for Students

The Food for Learning program reaches a specific segment of the school age children in the city. Nutrition services are also provided on request to other students. These include classroom presentations which are primarily to junior and high school students, assistance with student projects and nutrition counselling. The "Eat to Compete" nutrition challenge was offered during Nutrition Month. Approximately 300 students took part by making positive changes in their eating habits.

Nutrition education programs were also provided to students at Luther College, the Canadian Bible College and the Balfour Tutorial Program. Students in the early childhood program at SIAST received instruction in nutrition for preschool children and menu planning for day care centres.

Nutrition Services for Adults

Nutrition presentation at the Abilities Centre

Most of the 109 group sessions provided in 1989 reached adult audiences. These audiences included weight control groups, senior citizens' groups, young parent groups and community organizations such as the Open Door Society, Immigrant Women's Association and the Mental Health Association.

All City of Regina Fire department platoons received a session on nutrition and heart health. A similar presentation was given to members of the Community and Social Services Directorate, and the staffs of the Revenue and Fiscal Services and Health departments. A nutrition education session was also presented in the pre-retirement training program for city employees.

In 1989, more than 1,100 inquiries from the public were answered. Counselling sessions were provided on topics such as normal nutrition, food budgeting, weight control, cholesterol lowering diets and nutrition during pregnancy. In the area of prenatal nutrition, assistance was provided to the staff of the "Healthiest Babies Possible", a community based outreach program under the direction of the Regina Native Women's Association.

Professional Education Programs

Nutrition sessions to professional groups such as public health nurses and teachers have a far-reaching effect as the information provided is passed on to others. Monthly nutrition updating sessions were provided to the public health nurses. Presentations were also given to occupational health nurses, home economics teachers and members of the Saskatchewan Dietetic Association. Three workshops were provided for elementary school teachers.

All dietetic interns from the Regina General Hospital received a session in community nutrition and two interns spent one week each with the Health department.

Media

Media requests for nutrition information and interviews confirm an increased public interest in nutrition. Regular media involvement is an excellent method of reaching a large number of people. In 1989, media involvement included appearances on CKCK Television's Eye on Saskatchewan and weekly nutrition columns in the Leader-Post.

Table 13. Nutrition Services, 1988-89

Services	1989	1988
Nutrition consultations	1145	1241
Nutrition counselling sessions	78	140
Group presentations		
-number	107	67
-attendance	2485	1956
Resources		
-evaluated	26	55
-developed	48	50
Media contacts		
-print	65	61
-radio	16	6
-television	32	31
Inservices	20	8

Expectant Parent Programs

Increased knowledge about pregnancy, birth and infant care helps to prepare parents for the experiences and responsibilities of pregnancy, delivery and early parenting. A healthy lifestyle and ongoing medical supervision during the prenatal period is important to ensure the best health for mother and baby.

Public health nurses taught 404 prenatal classes at the Health department's central and branch offices, Balfour Special Tutorial and Martha House. Participating in the classes were 644 mothers, 463 fathers and 154 coaches.

Several class formats are provided to respond to the needs of the participants. Early Bird A and B series consists of two classes in early pregnancy and four classes in later pregnancy. Regular series consists of six consecutive classes for those enroling in later pregnancy. Refresher series consists of three consecutive classes for those who have previously attended prenatal classes. Balfour Tutorial is a specialized educational setting for pregnant teenagers who are full-time students at Balfour School. Classes are also held for women living at Martha House and for single women who prefer an afternoon series.

Of the 2,982 births in Regina in 1989, 1,315 were primiparas or first pregnancies representing 44% of births. Of the 593 expectant mothers enrolled in prenatal classes, excluding refresher classes, the great majority were primiparas. In addition to classes, prenatal information was also provided in 125 home visits and 236 counselling sessions with school students. The above reflects only health department programs; however, judging by figures obtained in previous years a significant number of additional women attend prenatal classes sponsored by community organizations such as Regina Childbirth Education Association. The Healthiest Babies Possible Program also provided one on one counselling to 196 women of Indian ancestry.

There were 865 births or 28% of all births, to unmarried women. Of these women, 153 attended the department's prenatal classes and 46 were school students counselled at school. A total of 199 or 23% of all single women who gave birth in 1989 received prenatal information and counselling through our department.

The Healthiest Babies Possible program also provides follow-up to prenatal women.

AIDS Awareness Program

The prevention and control of HIV infection and AIDS remains an important priority. Individual awareness and understanding of the disease is one of the most effective means of prevention. In 1989, staff used a variety of educational methods in 113 presentations to Regina citizens. The department's Regina AIDS Advisory Coordination Committee continues to be involved in education activities in Regina.

To make the public aware and knowledgeable of the disease AIDS, how it is transmitted and how it can be avoided is the challenging task of AIDS Awareness Week (October 15-21). Promotion of the week involved a number of events and activities including displays at Regina shopping malls, press conference, kits to the media, and media advertising of educational messages. The department worked closely with AIDS Regina which also organized a number of activities.

Smoking

The department is continuing its multifaceted approach to combating "Canada's number one preventable health problem". Tobacco causes almost eight times the number of deaths as traffic accidents, suicides, murders, AIDS and drug abuse combined. It is vital that strategies to reduce smoking include educational programs complemented by public policy initiatives and legislation.

Virtually all new smokers are children. Because the age of smoking onset has decreased from 16 to 12 years, children are becoming addicted long before they have reached 'the age of responsibility'. It has been estimated that for every 100,000 fifteen year old smokers, tobacco will kill at least 18,000.

National Non-Smoking Week, January 12-18

Focus of the week was preventing smoking in young children. The kick off was at the Cornwall Centre where featured song writer and entertainer, Donna Caruso, performed. Later in the week, shoppers had the opportunity to visit a display staffed by the Health department and other health agencies. Much interest was displayed in materials about issues such as smoke in the workplace, the smoking bylaw and quitting smoking.

Quit for Good, and Quit for Good in the Workplace

Thirteen smoking cessation programs were run including five programs for Regina workplaces. The public also received a condensed version of the program on the CBC radio program Morning Edition.

Advocacy

In keeping with the department's goal of advocating measures to improve health, letters were sent to the federal government supporting new stronger regulations dealing with smoking advertising and federal workplaces.

Preventive Smoking Education

A number of educational sessions were done by department staff in Regina schools.

Workplace Smoking Policies

The health educator provides consultative services to Regina businesses wishing to implement smoking policies. The health and financial benefits of smoke-free workplaces have become evident to many employers. Information provided by the Health department helps to ensure smooth implementation of workplace policies.

City of Regina Smoking Policy

The City's Smoke in the Workplace Committee was disbanded in December after achieving its original aim of providing a smoke-free workplace for the public and City employees. The health educator acted as a resource to the Committee and was Chairperson for the final phase of the policy. An evaluation concluded that implementation of the smoking policy had been very successful.

Health Education to Students

A wide range of topics are included in the health information sessions presented to students in Regina schools. These include topics such as:

- Family Life -contraception, growth and development of children, pregnancy, fetal development, puberty, parenting, menstruation, and peer pressure.
- Communicable Disease -Sexually Transmitted Diseases, AIDS, pediculosis, handwashing, and immunization.
- General Health -hygiene, nutrition, first aid, stress, problem solving, healthy lifestyles, Indian health and spirituality, breast self-examination, and accident prevention.

Health Talks

Health department staff provide professional expertise in their fields and through group presentations effectively reach audiences of people interested in up-to-date and accurate information.

Table 14. Health talks to the community, 1988-89

	1989	1988
Number of health talks	822	843
Number of participants	17,025	19,000

Professional staff provide groups with up-to-date information

Family Planning

A formal family planning clinic is not offered by the department. However, birth control, contraceptive information and counselling are offered as part of many public health nursing programs and services. These include prenatal classes, postnatal home visits, office and telephone counselling, community group presentations and family life classes in various schools.

Buffalo Days Youth Pavilion

The Health department contributed to the Youth Pavilion by providing health education materials about health subjects of interest to youth.

Health Education Materials

The department provides the public with professionally researched and up-to-date health education materials. Because of the great proliferation of health-related materials available to the public, it is important that the department maintain its leadership role in producing and providing reliable health information. In 1989, a number of materials were developed including educational messages about AIDS, a child health clinic pamphlet, a Sunrise health program brochure, Lunch box ideas pamphlet and Nutrition Month materials for schools.

Lifestyles '89

Lifestyles '89, an innovative show sponsored by Saskatchewan Health to address the issue of healthy lifestyles was run for the first time in April. A display developed by the Regina Health Department, Saskatchewan Health and the Regina Rural Health Region, helped the public choose healthy ways of avoiding communicable disease. The exhibit involved an interactive hand washing display and also highlighted immunization and sexually transmitted diseases. A second display featuring the Quit for Good program was part of the Fresh Air Section of the show.

Child Safety Week, April 21-22

How to help a choking child was the topic of a display at the Northgate Mall during Child Safety Week. Public health nurses demonstrated life-saving procedures to parents and others. Safety tips for baby walkers and bicycles were also highlighted.

Drug Awareness Week, November 19-25

SADAC Place in the Galleria was the scene of a variety of health education messages about avoiding drugs and choosing healthy lifestyles. The Health department was one of the health agencies contributing a display and educational materials.

Employees Win Provincial Fitness Award

The Davidson Challenge is a competition sponsored by Saskatchewan Health to promote cardiovascular fitness by encouraging regular healthy exercise. During a month long competition in May employees keep track of time spent in aerobic activities such as running and biking. Health department employees won the Davidson Cup over 12 other Saskatchewan health departments.

Displays

Bringing health messages such as safe food handling and choosing healthy lifestyles to the public can best be done by going to locations where the public is to be found. For this reason, displays were taken to shopping malls, health fairs, schools and conferences. Some of the health messages included how to quit smoking, safe food handling, swimming safety, how to deal with stress, nutritious school lunches and Hallowe'en safety.

Media

Public recognition of health issues is often achieved through the media. During the year, many health topics received media attention including immunization; pertussis; measles; safe cooking of turkey; mosquitoes; lice; vaccines for international travellers; housing and child hunger.

Sunrise Health Program

A health team staffed by professionals of Indian origin plans, co-ordinates and delivers a variety of health services to Indian people living in Regina. The success of the program depends on a close working relationship with native and other agencies. Cooperation with these organizations is a priority. The program's primary goal is to improve the health of Indian people living in the City of Regina.

A Sunrise Health staff member makes a new friend

Staff and Activities

A new program coordinator was appointed and a registered nurse and community health worker were also recruited in August. The nurses provide general public health nursing services to natives throughout the city. The community health worker is involved in a number of activities including home visiting, assisting at child health clinics, schools, day cares and nurseries, answering inquiries from the public and presenting health education programs.

A small nursing district became the responsibility of this program. Sacred Heart School services and the Albert-Scott child health clinic were added as ongoing activities of the program. The Albert-Scott clinic replaced the previous one held at the Regina Native Women's Association office.

An informational pamphlet describing the program was reviewed and revised. New pamphlets were distributed to a variety of agencies and individuals in the community.

Health Education

Health education sessions were provided for a number of community agencies including the Regina Central Early Learning Centre, Native Addictions Council (N.A.C.), St. Philips Centre, Beat The Street, Dales House, the Indian-Metis Re-entry Program, Riel Human Resources and the Saskatchewan Indian Federated College.

Home Visiting

Nurses made 1,099 visits to homes of native families. Forty-six home visits were also made by the community health worker.

Liaison with Community Groups

Liaison with a variety of groups and individuals continued. Some of these are the Healthiest Babies Possible program, Circle Project, Welfare Rights group, AIDS Regina, City of Regina Community Housing Worker, Elder contact, resource officers in schools, Regina Vocational Counsellors' Network and the Regina AIDS Advisory Committee. A display was prepared for Scott Collegiate at the "Culture Affair" presentation.

During July and August field experience was provided to one student from the Saskatchewan Indian Federated College at the University of Regina.

Joint National Committee on Aboriginal AIDS Education and Prevention

The coordinator of the Sunrise Health Program was invited by the Minister of Health and Welfare Canada to be a member of the Joint National Committee on Aboriginal AIDS Education and Prevention. The purpose of the committee was to develop a national AIDS education and prevention strategy related to aboriginal beliefs and values. The coordinator's participation on the committee was funded by Health and Welfare Canada with the Health department contributing her work time.

Family Health Programs

Infant and Preschool Services

Child Health Clinics

Screening for health problems

Public health nurses provide child health clinic services at 11 community locations as well as at the department's central and branch offices. Frequency of clinics varies from once a month to four days a week. In 1989, 9,650 children attended 597 clinics for an average attendance of 16 children per clinic. Services offered to parents and children include screening for health problems, immunization, counselling and referrals.

Several changes were made during the year to provide more effective service:

1. Child health clinic service was increased to every Tuesday morning at the Glencairn Neighbourhood Recreation Centre. The clinic at Mahon Arena was closed in August.
2. The clinic at Al Ritchie Memorial Centre moved to the adjoining Core Ritchie Neighbourhood Centre in August.
3. Another clinic day was added at the South Leisure Centre.

Table 15. Attendance at child health clinics

	1989	1988
Number of visits	9,650	10,196
Number of clinic sessions	597	554
Average attendance	16.2	18.4

Pediatric Clinics and Services

A Pediatrician (Acting Assistant Medical Health Officer) provides clinical and consultation services in the department. Pediatric clinics are held weekly at central and branch offices. Clinical services are provided for parents and their children. Consultative services are also provided for health department staff, Regina physicians and other health professionals.

Table 16. Attendance at pediatric clinics

	1989
Number of children examined	124
Number of children referred	45
Reasons for referral	
Articulation and/or language delay	27
Hearing deficit	5
Vision	2
Miscellaneous medical	11

Four Year Old Birthday Checkups

All four year olds in Regina are invited by letter to come for a health check-up. This visit includes screening for vision, hearing, speech, development, general health assessment and counselling for parents. Immunization is also given as required. A total of 2,077 (66%) four year olds came to the check-ups.

Preschool Vision and Hearing Screening Program

Preschool children are screened at special vision and hearing screening clinics. These children are seen at the department's central and branch offices, day care centres and nursery schools.

Table 17. Number of preschool vision and hearing clinics, 1989

Screening Clinics	1989	1988
Central/Branch offices	39	62
Day Care centres	11	17
Nursery schools	5	10

Table 18. Preschool children screened for vision and hearing, 1989

	Hearing Screening	Vision Screening
Total screened	2,069	2,024
Number referred	107	97
% requiring referral	5.2%	4.8%

Day Care Centres and Nursery Schools

Public health nurses made 128 visits to day care centres and nursery schools. These visits involved vision and hearing screening, communicable disease screening and investigation, health teaching and dealing with other health concerns.

School Services

Each school in Regina is visited regularly by a public health nurse. Time spent in each school varies with the size of the school and the health needs of those attending it. Approximately one-third of each public health nurses time is spent providing school services. Nurses also visited 1156 homes of school children for follow-up.

Table 19. School health services, 1988-89

Service	Number of Recipients 1989	1988
Communicable diseases	11,697	11,111
Classroom instruction		
-number of sessions	435	567
-number of students	9,336	14,344
Screening procedures		
-hearing-first this year	7,241	8,213
-repeat this year	759	789
-referred	277	250
-vision-first this year[1]	19,149	2,322
-repeat this year	1,653	7,705
-referred	966	250
Student counselling (general)	4,357	4,478
Teacher counselling	4,883	5,116
Parent counselling	3,742	3,923
Immunization	3,499	4,348
First aid	2,873	3,305
Health assessment	2,626	2,568
Scoliosis		
-screened	244	286
-referred	9	18
Pregnancy counselling		
-first contact	46	24
-follow-up	190	100

[1]Trained parent volunteers do initial vision screening

Home Visiting

Public health nurses made 6,252 home visits during the year. Visiting and recording time totalled 6,929 hours. Reasons for home visits included postnatal, preschool, adult health concerns, school child follow-up, seniors' health, sudden infant death, suspected child abuse, prenatal and boarding care home inspections.

Telephone Consultations

Telephone consultations included 9,983 public inquiries and 1,596 consultations with physicians, health and education professionals, and social and community agencies.

Advocacy

Health department staff often act in the role of advocate and referral agent for individuals in the community. Referrals are made to organizations and government departments such as Social Services, V.O.N. and Home Care. Referrals are also received from these agencies and from physicians and hospitals.

Public health nurses counsel parents during home visits

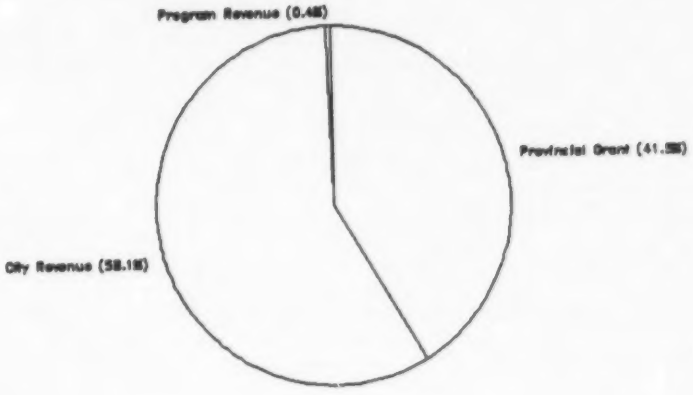
Boarding Care Homes

Boarding care homes are private homes in the community which care for one to three senior citizens. They have been licensed under City of Regina bylaw No. 5128 since 1973. Nine boarding care homes were licensed and in operation in 1989. This is the lowest number of homes licensed in many years and is due to the trend to increased patient numbers which has put many homes outside the City's jurisdiction.

Revenue

The per capita grant received from Saskatchewan Health represents 45% of the average health region per capita cost ($7.58). This is based on the Saskatchewan Health Covered Population of 178,348. There is $22,800 received in special grants as well as $14,300 in fees and charges for some of the programs such as immunization for international travel, boarding care home licenses, and smoking cessation class registration.

Figure 5. Revenue sources, 1989



Budget and Expenditures

The total program operating costs for 1989 were $2,878,600. These are broken down as follows for the major divisions.

Figure 6. Expenditures by major programs, 1989

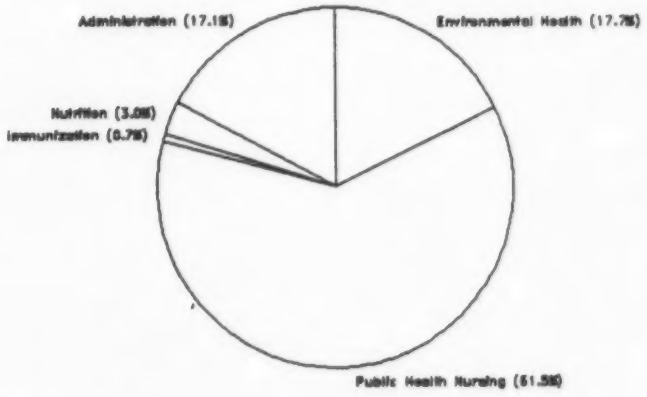


Table 20. Expenditures by major programs, 1988-89

Program	1989		1988	
Environmental Health	477,800	(16.6%)	448,100	(16.6%)
Public Health Nursing	1,856,000	(64.5%)	1,791,900	(65.7%)
Nutrition	81,800	(2.8%)	64,700	(2.4%)
Administration[2]	463,000	(16.1%)	419,700	(15.4%)
Total[1]	2,878,600		2,724,400	

[1] Does not include facility costs
[2] Includes Biostatistics and Health Education Divisions

Financial Statement December 31, 1989

Expenditures

Salaries	$2,360,300	
Benefits	246,600	
Professional memberships	7,200	
Car Allowances	95,700	
Uniforms	13,700	
Supplies and materials	29,200	
Laundry	1,100	
Reference books and subscriptions	4,300	
Education and training publications	7,000	
Audio-Visual materials	3,700	
Seminars, conventions, business trips	11,000	
Printing and duplicating	29,300	
Equipment maintenance	4,100	
Postage/freight	1,500	
Telephone	22,300	
Contracts and miscellaneous	7,800	
Advertising	3,800	
Computer services - Systems	14,300	
Facility maintenance	137,000	
Furniture/Equipment	15,700	
		$3,015,600 [1]
Grants to Healthiest Babies Possible Program (Jan. - Dec.)		46,300
Transfer to Health Department Reserve Fund		287,900
Total		$3,349,800

Revenue

Fees:		
Boarding Care Home license fees	$700	
Medical Services fees (immunization)	7,100	
Other fees - burial permits		
- registration fees	6,500	$ 14,300
Grants:		
Provincial Per Capita	$1,351,900	
Other Provincial Grants	22,800	
Grants for Healthiest Babies Possible (Apr.- Dec.)	34,700	$1,409,400
From City revenue		$1,926,100
Total Revenue		$3,349,800

[1] Includes Facilities